

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/566,334		Filing Date 09 February, 2007		<input type="checkbox"/> To be Mailed					
				Applicant(s) CHELLAPPA ET AL.						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 02/05/2011		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1					51					
2								52					
3				1				53					
4								54					
5								55					
6								56					
7								57					
8				1				58					
9					1			59					
10						1		60					
11								61					
12						1		62					
13								63					
14						1		64					
15							2	65					
16							1	66					
17							1	67					
18							1	68					
19								69					
20								70					
21							1	71					
22							1	72					
23							1	73					
24								74					
25							1	75					
26								76					
27							2	77					
28								78					
29				1				79					
30								80					
31								81					
32								82					
33							1	83					
34								84					
35							1	85					
36								86					
37							1	87					
38								88					
39								89					
40							1	90					
41								91					
42							1	92					
43								93					
44								94					
45							1	95					
46								96					
47							2	97					
48								98					
49							1	99					
50								100					
Total Indep			2					Total Indep					
Total Depend				34				Total Depend					
Total Claims				36				Total Claims					

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Part of Paper No20110209-1.